

## Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <a href="http://about.jstor.org/participate-jstor/individuals/early-journal-content">http://about.jstor.org/participate-jstor/individuals/early-journal-content</a>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

## PSYCHOPATHOLOGY AND NEUROPATHOLOGY: THE PROBLEMS OF TEACHING AND RESEARCH CONTRASTED<sup>1</sup>

E. E. Southard, M. D., Pathologist to the Massachusetts Board of Insanity

The ideas that I wish to bring to this symposium are few, and I hope not too unorthodox. How shall research psychology and research medicine come together, on what ground, and to what ends? I wish (1) to insist strongly on the unique value of the pathological method, not merely for the diagnostic and therapeutic purposes of medicine, but for biology as a whole and for the most vital of biological sciences, psychology. I wish (2) to point out how pernicious in research may be the dogmatic insistence on the doctrine of psychophysical parallelism in medical or premedical courses in psychology, pernicious because it inhibits the free interchange of structural and functional concepts and the passage to and fro of workers in the several sciences. wish (3) to show that psychology and physiology have more in common than either has with such structural sciences as anatomy and histology, and that the main common element of both mental and cerebral processes is the time element as against the space-element of the structural sciences. On this ground (4) I conceive that the mind twist and brain spot hypotheses for the explanation of certain forms of mental disease are entirely consistent with each other, since from a different angle each is dealing with the same facts. Above all let us not divide up the tasks of research as we divide up the tasks of teaching, since research, looking to the future, defies the compartments of the past.

"It always leads to a better understanding of a thing's significance," wrote W. James, "to consider its exaggerations and perversions, its equivalents and substitutes and nearest relatives elsewhere. \* \* \* Insane conditions have this advantage, that they isolate special factors of the mental life.

<sup>&</sup>lt;sup>1</sup>Read by invitation in a symposium at the meeting of the American Psychological Association, December 28, 1911, at the Government Hospital for the Insane, Washington, D. C.

\* \* The study of hallucinations has in this way been for psychologists the key to their comprehension of normal sensation, that of illusions has been the key to the right comprehension of perception. Morbid impulses and imperative conceptions, 'fixed ideas,' so called, have thrown a flood of light on the psychology of the normal will; and obsessions and delusions have performed the same service for that of the normal faculty of belief."

I here quote from the Varieties of Religious Experience. It is perhaps in such complex fields as this that the natural analyses effected by disease possess their widest scope. Even where more artificial analysis is possible, the pathological method has often vielded the most fortunate short cuts. One of the richest generalizations of biology at large (the dictum omnis cellula e cellula) could hardly have been achieved by a commission of biologists empowered to study normal cells, and only normal cells, without decades of labor: the utilization of abnormal material gave a long range induction almost The pathological foundation of the doctrine of evolution is obvious to any one who considers what survival of the fit means in terms of the unfit. The doctrines of immunity derive an indispensable constituent from the law of regeneration in surplus which Weigert observed in his studies of interstitial tissue. The bacteriology of disease has afforded some of the shortest cuts and the longest new ranges of thought of which we know or can conceive. The more complex the subject of our study, the less progress do we make by confining our attention to the normal presentment of that object. Normality is baffling, like the Roc's egg to the climbing Sinbad. A niche, a wedge, fragmentation, dissection, division of intellectual labor, all the screening and sifting which lie at the basis of experimentation, these characterize the method of pathology, which pays small heed to the pedagogical divisions of any former stage of a given science. The research pathologist follows the trail of the concrete through whatever ranges of the abstract become necessary, and through no others.

It is here that the school divisions of psychology and brain physiology, of psychology and brain anatomy, of brain physiology and brain anatomy, of anthropology and social statistics, of sociology and criminal anthropology, and a host of other abstract school divisions have entered to divert the research worker from his duty to the concrete complexity.

Particularly dangerous I find to be certain school tendencies born of the doctrine of psychophysical parallelism. The teacher of psychology desires to keep *mind* logically distinct from *body*: the teacher of physiology disclaims expert knowledge of psychology: the teacher of brain anatomy almost skilfully avoids giving his point of view about anything remotely functional.

The student grows to a feeling that the confines and septa of pedagogy are the confines and septa of research. For the development of psychopathology and of neuropathology, which I consider to be school divisions of knowledge of no ultimate logical importance, no other single doctrine has, to my thinking, been so pernicious as the doctrine which proposes to separate mind and body before we know much about either.

Most of us remember James' neat critique of the "Ohne Phosphor, kein Gedanke" psychology. "The phosphorus-philosophers," said James, "have often compared thought to a secretion. 'The brain secretes thought, as the kidneys urine, or as the liver secretes bile,' are phrases which one sometimes hears. The lame analogy," continues James, "need hardly be pointed out. \* \* \* We know of nothing connected with liver and kidney activity which can be in the remotest degree compared with the stream of thought that accompanies the brain's material secretions."

I remember smiling as a college student at the folly of these phosphorus men, thus dispatched at a blow. The fact is, a friend explained to me, *Ohne Gedanke kein Phosphor*. Thereafter I was not long in succumbing to the artistic simplicity of idealism.

It took me many years to learn that neither phosphorus et cetera nor the streams of thought could be dealt with so simply.

The proportions.

BRAIN: THOUGHT = LIVER: BILE

or

BRAIN: THOUGHT = KIDNEY: URINE

are obviously fallacious; but, if we alter the proportions slightly to

BRAIN: PROCESS OF THINKING = LIVER: PROCESS OF SECRETING,

and

BRAIN : PROCESS OF THINKING = KIDNEY : PROCESS OF EXCRETING.

we have destroyed the fallacy which James ridicules. We find

that liver and kidney activity have one important thing in common with the stream of thought—namely, activity itself, the temporal features of all processes whatever.

Ah! one more interactionist, I hear you say. No, I reply, that would hardly be fair: How can we prattle interaction, if we don't know the factors we declare to interact? These factors in the interaction-complex, I repeat, we simply do not adequately know either in the concrete or in the abstract.

If not a parallelist and not an interactionist what remains for a student? Must be not relapse into crusty mere critique or cowardly agnosticism?

Some years ago I ventured from my chosen path of brain analysis in mental disease at large to a discussion of dementia precox in particular. I found that practically everybody had taken sides. It had become a game: the hypothesis of psychic factors was strictly opposed to the hypothesis of encephalic factors. Tangles and twists in the mind appealed to some: blots and spots in the brain appealed to others.

Contrary to my presuppositions (I do not pretend to be exempt from presuppositions) I found in the brains of subjects suffering from something like dementia praecox, certain lesions, partly congenital anomalies, partly lesions acquired in the individual's life. I was led for the moment, and still feel the impulsion, to confide in the brain-spot hypothesis for dementia praecox.

Ah! then the secret is out! The writer believes that there are compartments in mental disease such that mind twists work here, brain spots there? No, I reply, I am not so naïve as that, nor are the facts so simple.

"They quote you," said a practical psychotherapeutist to me the other day, "to the effect that dementia praecox shows lesions, and is therefore incurable, and is anyhow not subject to my poor psychotherapeutic efforts."

"Who quote me?" said I.

"Why, the materialistic doctors of the clinic!"

This was the sequel of my well-meant endeavor to work on an apical problem! The facts are these: I am not convinced that we can safely entify dementia praecox in the first place. I am not sure that the anomalies and scleroses which I found are primary causes in the group. I am still less of the opinion that the changes are secondary to mental twists. I think the lesions are such as to interfere with proper cerebration, just as water on the knee interferes with proper walking.

"I have no objection to the lesions of dementia praecox,

if you do not regard them as primary," wrote one friend to me. Precisely, I reply. The lesions are neither primary nor secondary. They, or the cell-arrangements involved permit or purvey the symptoms and signs of dementia praecox. The same facts viewed from one aspect are structural, from another aspect functional. Structure is in the main the spatial aspect of facts and events, function in the main the temporal aspect of the same facts and events. To say that mind precedes matter, or matter precedes mind is to say that time precedes space or space precedes time. If you look sharply at a frozen moment held as a sort of preterite before your eyes, you will hardly discover more than something structural. If you follow the object for a time, you will discern inner or outer changes in the object, qualitative, quantitative, positional, or relative, which entitle you to describe the object only in functional terms.

Brain changes and mind changes have at least this temporal aspect in common: whether both types of change are concretely identical is for research to decide. Pedagogy, the logic of the past, can decide nothing of the sort. Both types of change in virtue of being changes, *überhaupt*, are opposed to the structural, *ex hypothesi* unchanging, killed, fixed and mordanted objects which neurology describes.

Suppose then for teaching purposes we keep structure and function apart; suppose we even go a step farther and for teaching purposes separate function into two kinds, cerebral and psychic, I maintain that in research we should let the facts lead us where they will, over the hills and dales of physiology, into the deep borings of anatomy, or upward into the ethereal reaches of psychology. We have already weakened the pedagogical boundaries of many ancient sciences, and by new surveys, protracted litigation, and a thoroughgoing disrespect for precedent coram factis, we may achieve shortly new boundaries.

The majority of cases of mental disease are, I am convinced by special studies, characterized by the occurrence of obvious brain-lesions, i.e. even in the present stage of science they possess a structural pathology. Do they therefore possess no functional pathology? Their possession of the two aspects is a truism. Should we not study both aspects?

Furthermore, suppose we learn that, whereas three-quarters of our cases of mental disease exhibit obvious irrecoverable brain-lesions, another quarter fails to show these. Suppose the methods of microscopic research should still fail to show in many cases essential or irreversible brain-lesions,

should we not stultify ourselves if we did not abandon for the research campaign both that psychopathology which has taught us the main course of our disease and the neuropathology which has proved usefully negative? Should we not repair at once to the chemistry of metabolism, the physiology of internal secretions, and the entire point of view of pharmacology? Discoveries in the latter fields, concrete and pertinent facts, would carry us back to the tissues and back to the processes of the nervous system, to neuropathology, structural and functional, and to psychopathology, and enlighten many dark corners therein. He who adheres to the classical problems as they lie within the teaching divisions of any science is not apt to change the face of that science.